

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

		SERIAL NO.		FILING DATE			
		APPLICANT(S)					
CLAIMS							
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						51	
2						52	
3	1					53	
4		1				54	
5	1					55	
6		1				56	
7	1					57	
8		1				58	
9	1					59	
10		1				60	
11		1				61	
12	1					62	
13		1				63	
14	1					64	
15	1					65	
16	1					66	
17	1					67	
18						68	
19						69	
20						70	
21						71	
22						72	
23						73	
24						74	
25						75	
26						76	
27						77	
28						78	
29						79	
30						80	
31						81	
32						82	
33						83	
34						84	
35						85	
36						86	
37						87	
38						88	
39						89	
40						90	
41						91	
42						92	
43						93	
44						94	
45						95	
46						96	
47						97	
48						98	
49						99	
50						100	
TOTAL IND.	10					TOTAL IND.	
TOTAL DEP.						TOTAL DEP.	
TOTAL CLAIMS	17					TOTAL CLAIMS	